

Psychiatric Medications Reference Sheet

Drugs Categorized by Psychiatric Disorder
Brand names and generic (italicized)

Anxiety Disorders

Alprazolam, see Xanax
Atarax
Ativan
BuSpar
Bupirone, see BuSpar
Centrax
Chlordiazepoxide, see Librium
Clorazepate, see Tranxene
Compazine
Deltasone
Dexamethasone, see Decadron tablets
Diazepam, see Valium
Diclofenac, see Voltaren
Diflunisal, see Dolobid
Disalcid
Dolobid
Ecotrin, see Aspirin
Empirin, see Aspirin
Equanil, see Miltown
Etodolac, see Lodine
Feldene
Flurbiprofen, see Ansaïd
Genuine Bayer, see Aspirin
Hydroxychloroquine, see Plaquenil
Hydroxyzine, see Atarex
Ibuprofen, see Advil
Indocin
Indomethacin, see Indocin
Ketoprofen, see Orudis
Libritabs, see Librium
Librium
Lodine
Lorazepam, see Ativan
Medrol
Meprobamate, see Miltown
Methotrexate
Methylprednisolone, see Medrol
Miltown
Motrin, see Advil
Nabumetone, see Relafen

Naprosyn
Oxasepam, see Serax
Prazepam, see Centrax
Prochlorperazine, see Compazine
Serax
Stelazine
Tranxene
Trifluoperazine, see Stelazine
Valium
Vistaril, see Atarax
Xanax

Attention-defecit disorders with hyper-activity

Cylert
Dexedrine
Dextroamphetamine, see Dexedrine
Methylphenidate, see Ritalin
Pemoline, see Cylcert
Ritalin

Depression

Adapin, see Sinequan
Amitriptyline, see Elavil
Amitriptyline with Perphenazine, see Triavil
Aventyl, see Pamelor
Bupropin, see Wellbutrin
Desipramine, see Norpramin
Desyrel
Doxepin, see Sinequan
Effexor
Elavil
Endep, see Elavil
Fluoxetine, see Prozac
Imipramine, see Tofranil
Nardil
Nefazodone, see Serzone
Norpramin
Nortriptyline, see Pamelor
Pamelor

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Source: Physicians Desk Reference (1995)

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Paroxetine, see Paxil

Paxil

Phenelzine, see Nardil

Prozac

Sertraline, see Zoloft

Serzone

Sinequan

Surmontil

Tofranil

Trazodone, see Dresyrel

Triavil

Trimipramine, see Surmontil

Venlafaxine, see Effexor

Wellbutrin

Zoloft

Insomnia

Ambien

Dalmane

Doral

Estazolam, see ProSom

Flurazepam, see Dalmane

Halcion

ProSom

Quazepam, see Doral

Restoril

Temazepam, see Restoril

Triazolam, see Halcion

Zolpidem, see Ambien

Manic-depressive Illness

Cibalith-S, see Lithonate

Eskalith, see Lithonate

Lithium, see Lithonate

Lithonate

Lithotabs, see Lithonate

Obsessive-compulsive Disorder

Anafranil

Clomipramine, see Anafranil

Fluoxetine, see Prozac

Fluvoxamine, see Luvox

Luvox

Prozac

Panic Disorders

Alprazolam, see Xanax

Xanax

Psychotic Disorders

Amitriptyline with *Perphenazine*, see

Triavil

Chlorpromazine, see Thorazine

Clozapine, see Clozaril

Clozaril

Compazine

Haldol

Haloperidol, see Haldol

Mellaril

Narvane

Prochlorperazine, see Compazine

Risperdal

Risperidone, see Risperdal

Stelazine

Thioridazine, see Mellaril

Thiothixene, see Navane

Thorazine

Triavil

Trifluoperazine, see Stelazine

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**THE CENTER FOR CAREER FREEDOM, INC.
MEDICATION APPOINTMENT CHECKLIST**

Dr. _____ Day/Time: _____

Topics I want to discuss:

Side effects:

- | | |
|--|---|
| <input type="checkbox"/> Tired/ weak/ drowsiness | <input type="checkbox"/> Weight gain or loss |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Upset stomach/ diarrhea | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Anxiety/ nervousness |
| <input type="checkbox"/> Tremors | <input type="checkbox"/> Vision affected |
| <input type="checkbox"/> Memory/ thinking | <input type="checkbox"/> Menstrual changes |
| | <input type="checkbox"/> Other _____ |

Goals:

- Med. change _____
- Med. regulation _____
- Med. withdrawal _____
- Other _____

Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Manic/ hyperactivity | <input type="checkbox"/> Missed program/ school/ work days |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Not taking my medication |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Physical problems _____ |
| <input type="checkbox"/> Voices | |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Substance withdrawal |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Obsessive-compulsive |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Other _____ | |

Notes: _____

